



# Food Service Checklist

Name: \_\_\_\_\_

School: \_\_\_\_\_

Room or Area: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Signature: \_\_\_\_\_

## Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
  - Check the “yes,” “no,” or “not applicable” box beside each item. (A “no” response requires further attention.)
  - Make comments in the “Notes” section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

## 1. COOKING AREA

	Yes	No	N/A
1a. Determined that local exhaust fans operate properly (note if fans are excessively noisy) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1b. Checked for odors near cooking, preparation, and eating areas .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1c. Ensured that exhaust fans are used whenever cooking, washing dishes, and cleaning .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1d. Determined that gas appliances function properly.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1e. Verified that gas appliances are vented outdoors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1f. Ensured there are no combustion gas or natural gas odors, leaks, back-drafting, or headaches when gas appliances are used .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1g. Ensured that kitchen is clean after use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1h. Determined there are no signs of microbiological growth in the kitchen, including the upper walls and ceiling (for example, mold, slime, and algae).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1i. Selected biocides registered by EPA (if required), followed the manufacturer’s directions for use, and carefully reviewed the method of application .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1j. Verified the kitchen is free of plumbing and ceiling leaks (signs include stains, discoloration, and damp areas).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 2. FOOD HANDLING AND STORAGE

2a. Checked food preparation, cooking, and storage areas for signs of insects and vermin (for example, feces or remains) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b. Stored leftovers in well-sealed containers with no traces of food on outside surfaces .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2c. Ensured that food preparation, cooking, and storage practices are sanitary .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2d. Disposed of food scraps properly and removed crumbs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2e. Wiped counters clean with soap and water or a disinfectant (according to school policy).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2f. Swept and wet mopped floors.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 3. WASTE MANAGEMENT

3a. Selected and placed waste in appropriate containers.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b. Ensured that containers’ lids are securely closed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3c. Separated food waste and food-contaminated items from other wastes, if possible....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3d. Stored waste containers in a well-ventilated area.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3e. Ensured that dumpsters are properly located (away from air intake vents, operable windows, and food service doors).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 4. DELIVERIES

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 4a. Instructed vendors to avoid idling their engines during deliveries .....               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Posted a sign prohibiting vehicles from idling their engines in receiving areas .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that doors or air barriers are closed between receiving area and kitchen ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



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#### NOTES